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CONFIRMATION NO. 8538

|  |   |                                    |   |  |
|--|---|------------------------------------|---|--|
| <b>SERIAL NUMBER</b><br>10/528,842   | <b>FILING OR 371(c) DATE</b><br>07/26/2005<br><b>RULE</b>   | <b>CLASS</b><br>426                | <b>GROUP ART UNIT</b><br>1761   | <b>ATTORNEY DOCKET NO.</b><br>P/2107-267 |
| <b>APPLICANTS</b><br>Gallus Schechner, Ober-Ramstadt, GERMANY;<br>carola Braunbarth, Rossdorf, GERMANY;<br>Tilo Poth, Weinheim, GERMANY;<br>Holger Franke, Ginsheim, GERMANY;<br>Lutz Guderjahn, Offstein, GERMANY;<br>Jorg Kowalczyk, Eisenberg, GERMANY; |   |                                    |   |  |
| <b>** CONTINUING DATA *****</b><br>This application is a 371 of PCT/EP03/10213 09/13/2003  |   |                                    |   |  |
| <b>** FOREIGN APPLICATIONS *****</b><br>GERMANY 102 48 632.8 09/23/2002  |   |                                    |   |  |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no<br>35 USC 119 (a-d) conditions met <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after Allowance                                 |   | <b>STATE OR COUNTRY</b><br>GERMANY | <b>SHEETS DRAWING</b>   | <b>TOTAL CLAIMS</b><br>41                |
| Verified and Acknowledged<br>Examiner's Signature _____ Initials _____   |   |                                    |   | <b>INDEPENDENT CLAIMS</b><br>3           |
| <b>ADDRESS</b><br>2352   |   |                                    |   |  |
| <b>TITLE</b><br>Coated chewing gum   |   |                                    |   |  |
| <b>FILING FEE RECEIVED</b><br>2080   | FEES: Authority has been given in Paper<br>No. _____ to charge/credit DEPOSIT ACCOUNT<br>No. _____ for following: |                                    | <input type="checkbox"/> All Fees<br><input type="checkbox"/> 1.16 Fees ( Filing )<br><input type="checkbox"/> 1.17 Fees ( Processing Ext. of time )<br><input type="checkbox"/> 1.18 Fees ( Issue )<br><input type="checkbox"/> Other _____<br><input type="checkbox"/> Credit |  |